

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

FILE NO.

APPLICANT(S)

FILING DATE

89/889966

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		2		2		
5		2		2		
6		2		2		
7		2		2		
8		2		2		
9		2		2		
10		2		2		
11	1			2		
12		1		2		
13		2		2		
14		2	1			
15		2		1		
16		2		2		
17		2		2		
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25		2		2		
26		2		2		
27	1			2		
28		1				
29		2				
30		2				
31		2				
32		1				
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49						
50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		↓	28	↓		↓
TOTAL CLAIMS			30			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEPMENT